

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90453 022 ***150.00

DOCUMENT # 357759

1. Entity Name

OLGA'S QUILTING CORPORATION

Principal Place of Business

7035 SW 47 STREET, SUITE F
MIAMI FL 33155

Mailing Address

7035 SW 47 STREET, SUITE F
MIAMI FL 33155

- 37830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1281963

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROMETA, CARMEN

7035 SW 47 STREET, SUITE F
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

GRISELDA GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

6353 S.W. 29 ST.

City

MIAMI, FL 33155

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FROMETA, CARMEN	
STREET ADDRESS	7035 SW 47TH ST STE F	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FROMETA, CARMEN	
STREET ADDRESS	7035 SW 47TH STREET, STE. F	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FROMETA, CARMEN	
STREET ADDRESS	7035 SW 47TH STREET, STE F	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, GRISELDA	
STREET ADDRESS	6353 S.W. 29 ST.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. GUTIERREZ	
STREET ADDRESS	11890 SW 51 ST.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN R FROMETA	
STREET ADDRESS	11900 S.W. 51 ST.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

305-665-0107

Daytime Phone #

CR2E034 (9/01)